

**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

PRO-SE LITIGANTS - INSTRUCTIONS FOR DIVORCE - WITH CHILDREN

***** ALL DOCUMENTS MUST BE TYPED OR NEATLY PRINTED*****

DOCUMENTS NECESSARY TO FILE FOR A DIVORCE: ** NO DOUBLE SIDED PAGES***

1. Complaint for Divorce
2. Affidavit of Financial Disclosure – must be notarized
3. Divorce/Dissolution Questionnaire
4. Mutual Restraining Order
5. Instructions to the Clerk
6. Parenting Proceeding Affidavit – must be notarized
7. Seminar Order
8. Obligee & Obligor Information Sheets
9. Instructions to the Clerk
10. IV-D Application

[Plaintiff] must attend the seminar prior to the filing of paperwork]

NOTE: THE PLAINTIFF MUST BE PRESENT AT THE HEARING AND HAVE A WITNESS AVAILABLE TO CORROBORATE TESTIMONY.

The Compliance Office reviews all paperwork submitted by individuals representing themselves. **THE EMPLOYEES OF THE DOMESTIC RELATIONS COURT ARE FORBIDDEN TO OFFER LEGAL ADVICE OR ASSIST YOU IN FILING FOR A DIVORCE.** The Compliance Office can refer you to reference materials that may help you, but cannot assist you in filling out any paperwork or give legal advice. We recommend that you seek advice from an attorney, either in private practice or at Legal Aid.

When the paperwork is properly completed, signed and notarized, bring the original documents to the Domestic Relations Court Compliance Office. Leave the documents with your name and phone number. **DOCUMENTS WILL BE REVIEWED IN THE ORDER THEY ARE RECEIVED. NO PAPERWORK WILL BE CHECKED WHILE THE PARTY WAITS.** After the paperwork is reviewed you will be notified by telephone or email as to whether your paperwork is properly completed. The paperwork will not be approved unless it is procedurally correct. Once the paperwork is **CORRECT**, you may pick it up at the receptionist's desk to **make the required copies**.

You will return the originals and copies to be stamped approved for filing. Once stamped approved, your documents will be sent directly to the Clerk of Courts for filing. You will be notified at this time to contact the Clerk to make payment. The filing fee for a divorce is \$350.

You will be responsible for following up and checking on service through the Clerk of Courts website, under Courtview.

Compliance with Local Rules of Court is required of all litigants. The local rules are available online at: www.co.greene.oh.us/DRC/forms/DRC_Local_Rules_of_Court.pdf

PLEASE SUBMIT FORMS IN THE FOLLOWING ORDER

***SUBMIT ALL COPIES**

***ORIGINALS ON TOP AS FOLLOWS:**

DIVORCE WITH CHILDREN INVOLVED

COMPLAINT FOR DIVORCE

- (Original & 4 copies)

AFFIDAVIT OF FINANCIAL DISCLOSURE

- (Original & 4 copies of each)

DIVORCE/DISSOLUTION QUESTIONNAIRE

- (no copies needed)

MUTUAL RESTRAINING ORDER

- (Original & 4 copies)

PARENTING PROCEEDING AFFIDAVIT

- (Original & 4 copies)

SEMINAR ORDER

- (Original & 4 copies)

OBLIGOR/OBLIGEE INFORMATION SHEETS

- (no copies needed)

INSTRUCTIONS TO THE CLERK – you must fill out and sign

- (no copies needed)

IV-D APPLICATION

- (no copies needed)

IN THE COURT OF COMMON PLEAS

DOMESTIC RELATIONS	Division
GREENE	COUNTY, OHIO

Name	:	Case No. _____
Street Address	:	
City, State and Zip Code	:	Judge <u>MARTIN</u>
Plaintiff	:	
vs.	:	Magistrate _____
Name	:	<u>COMPLAINT FOR DIVORCE WITH CHILDREN</u>
Street Address	:	
City, State and Zip Code	:	
Defendant	:	

I, the Plaintiff, for this Complaint say:

1. I have been a resident of the State of Ohio for at least six months.
2. ☐ I have been a resident of _____ Greene _____ County for at least 90 days immediately before the filing of this Complaint.
☐ The Defendant resides in _____ Greene _____ County where this Complaint is filed.
3. The Defendant and I were married to one another on _____ (date of marriage) in _____ (city or county, and state).

4. I state regarding child(ren) (check all that apply):

☐ There is/are no child(ren) expected from this marriage or relationship.

☐ There is/are child(ren) expected from this marriage or relationship and the approximate due date is: _____.

5. The Parties have a total of _____(number) of children from the marriage or relationship.

_____ (number) are emancipated adults and not under any disability.

_____ (number) are minor children.

_____ (number) are emancipated adults but mentally or physically disabled, and incapable of supporting or maintaining themselves.

Name of Child

Date of Birth

☐ I am not the parent of the following child(ren) (name and date of birth of each child):

☐ The Spouse is not the parent of the following child(ren) (name and date of birth of each child):

6. I state the following grounds for divorce exist (check all that apply):

☐ The Defendant and I are incompatible.

☐ The Defendant and I have lived separate and apart without cohabitation and without interruption for one year.

☐ The Defendant or I had a Spouse living at the time of the marriage.

☐ The Defendant has been willfully absent for one year.

☐ The Defendant is guilty of adultery.

☐ The Defendant is guilty of extreme cruelty.

☐ The Defendant is guilty of fraudulent contract.

☐ The Defendant is guilty of gross neglect of duty.

☐ The Defendant is guilty of habitual drunkenness.

☐ The Defendant was imprisoned in a state or federal correctional institution at the time the Complaint was filed.

☐ The Defendant procured a divorce outside this state by virtue of which the Defendant has been released from the obligations of the marriage, while those obligations remain binding on me.

7. The Defendant and I are owners of real estate and/or personal property.

I request that a divorce be granted from the Defendant, that the Court determine an equitable division of debts and property, and as follows that (check all that apply):

☐ The Plaintiff be named the residential parent and legal custodian of the following minor child(ren):

☐ The Defendant be named the residential parent and legal custodian of the following child(ren):

☐ The non-residential parent be granted specific parenting time.

☐ The Defendant and I be granted shared parenting of the following child(ren):

pursuant to a Shared Parenting Plan (Uniform Domestic Relations Form 17), which I will prepare and file with the Court.

☐ The Defendant be required to pay me spousal support.

☐ The Defendant be ordered to pay child support and medical support.

☐ The Defendant be required to pay the court costs of the proceeding.

☐ I be restored to my prior name of: _____

☐ The Court make the following additional orders:

and that the Court grant such other and further relief as the Court may deem proper.

Signature

Typed or Printed Name

Address Line 1

Address Line 2

Phone Number With Area Code

Email Address

**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

Name: _____,

CASE NO. _____

Address: _____

JUDGE MARTIN

DOB: _____

MAGISTRATE _____

PLAINTIFF/PETITIONER 1

vs.

Name: _____,

AFFIDAVIT OF FINANCIAL

Address: _____

DISCLOSURE

DOB: _____

DEFENDANT/PETITIONER 2

STATE OF OHIO, SS:

Now comes, _____, affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities, and expenses; (2) to assist in determining orders of support when applicable.

TEMPORARY ORDERS

☐ I do not request a temporary order

☐ I request a temporary order for ☐ Custody ☐ Child Support ☐ Spousal Support

OTHER ACTIVE CASES

☐ A Domestic Violence Order: Case No. _____

☐ A Juvenile Court Case: Case No. _____

☐ An Administrative Child Support Case: SETS No. _____

☐ Bankruptcy Case: Case No. _____

Date of Marriage: _____

Date of Separation: _____

PLAINTIFF/PETITIONER 1'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

DEFENDANT/PETITIONER 2'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

OTHER ASSETS & LUMP SUM INCOME

1. Describe income sources listed in Section B (i.e. disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

Name & Address of Source:	Identifying Description:	Income or Benefits:

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six (6) months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source:	Value: \$
Source:	Value: \$

3. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ('CD'), investment, savings, retirement/pension accounts, IRA's, stock options, etc. Attach additional pages if needed.

Name & Address of Institution	Last 4 Digits of Account #	Name(s) on Account	Balance

4. Real Estate

Address of Property	Name(s) on Deed	Present Value

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE

Child's Name:	Child's DOB:	Child Resides With:

INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Number of Other Biological or Adopted Minor Children NOT of this marriage, NOT stepchildren		
Spousal Support Paid to a Former Spouse	\$	\$

CHILD CARE EXPENSES

Does either party pay employment or school-related child care expenses for the minor child(ren) of this marriage?		
Plaintiff/Petitioner 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Defendant/Petitioner 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

HEALTH INSURANCE Group Health Insurance Available for Dependent Children

Are your children currently enrolled in a low-income, government-assisted health care program (Medicaid/CareSource)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either party enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Neither
If neither party is enrolled, is health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurer cover primary services within 30 miles of the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a party is enrolled in a health insurance plan through a group or individual insurance plan:

Name of Parent Providing Health Insurance: _____
Employee Cost for Insurance: \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Type of Coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____
*If health insurance is provided, attach a copy of the front and back of the insurance card

AFFIANT'S MONTHLY EXPENSES

List your ACTUAL expenses for your present household. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. If you are living with your parents or someone is helping you with your living expenses, provide the

Person's Name: _____ The Amount of Support Provided: \$ _____

MONTHLY EXPENSES: HOUSING

1. Rent or Mortgage (including taxes and insurance)	\$
2. Utilities:	
Gas & Electric (level billing or average per month)	\$
Water & Sewer	\$
Cell Phone (# of Phones on Plan _____)	\$
Trash Collection	\$
Other: _____	\$

HOUSING TOTAL: \$ _____

MONTHLY EXPENSES: OTHER

1. Grocery (include food, laundry & cleaning products, toiletries, etc.)	\$
2. Gasoline & Oil	\$
3. Car Repairs	\$
4. Insurance (Life/Auto/Renter's)	\$
5. Medical (not covered by insurance)	\$
6. Clothing	\$
7. Internet/Cable/TV Subscription	\$
8. Other: _____	\$

OTHER TOTAL: \$ _____

MONTHLY DEBT PAYMENTS (Do not list expenses previously listed in Section A. Attach additional pages if needed.)

To Whom Paid (Write the name(s) account is under)	Purpose/Security (For car loans, write model & who drives it)	Monthly Payment	Total Balance Due
		\$	\$
		\$	\$
		\$	\$

MONTHLY DEBT PAYMENTS TOTAL: \$ _____

GRAND TOTAL MONTHLY EXPENSES: \$ _____

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge, or belief under penalty of law.

☐ Signature of Affiant Plaintiff/Petitioner 1
☐ Signature of Affiant Defendant/Petitioner 2

Sworn to and subscribed in my presence this _____ day of _____,
_____.

Notary Public Signature

My Commission Expires: _____

Signature of Attorney for _____

Address

Address

Phone #

Supreme Court #

**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

_____,
PLAINTIFF/PETITIONER 1

vs.

_____,
DEFENDANT/PETITIONER 2

CASE NO. _____

JUDGE MARTIN

**DIVORCE/DISSOLUTION
QUESTIONNAIRE**

Type of Action: <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment	
1st Language:	Is interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Marriage:	Date of Separation:
Place of Marriage:	
Parties Still Reside Together? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who left home first?

CHILDREN FROM THIS MARRIAGE					
Name	DOB	Age	School	Grade	Resides With

REAL ESTATE
Owned by Plaintiff/Petitioner 1 Only:
Owned by Defendant/Petitioner 2 Only:
Joint Holdings:

PLAINTIFF/PETITIONER 1

Address:				Phone:	
Race:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____	Height:	Weight:	Hair Color:	Eye Color:
DOB:		Currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date:			
Birthplace:					
Length of Residence in OH:			Length of Residence in Greene Co:		

EDUCATION

Name of School	Years Attended	Degree Obtained	Type of Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Employer:		Job Title:	
Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Income: \$	

PUBLIC ASSISTANCE

Currently Receiving Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assistance type: <input type="checkbox"/> Cash Grant <input type="checkbox"/> Medical	Application Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PRIOR DIVORCES/DISSOLUTIONS

Date	Case #	Place

CHILDREN FROM PRIOR MARRIAGES/RELATIONSHIPS

Name	Age	Reside With You?	Support Paid?	Support Received?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEFENDANT/PETITIONER 2

Address:				Phone:	
Race:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____	Height:	Weight:	Hair Color:	Eye Color:
DOB:		Currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date:			
Birthplace:					
Length of Residence in OH:			Length of Residence in Greene Co:		

EDUCATION

Name of School	Years Attended	Degree Obtained	Type of Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Employer:		Job Title:	
Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Income: \$	

PUBLIC ASSISTANCE

Currently Receiving Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, assistance type: <input type="checkbox"/> Cash Grant <input type="checkbox"/> Medical	

PRIOR DIVORCES/DISSOLUTIONS

Date	Case #	Place

CHILDREN FROM PRIOR MARRIAGES/RELATIONSHIPS

Name	Age	Reside With You?	Support Paid?	Support Received?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IN THE COURT OF COMMON PLEAS OF GREENE COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS**

_____,
PLAINTIFF

CASE NO. _____

JUDGE MARTIN

v.

_____,
DEFENDANT

**MUTUAL RESTRAINING
ORDERS**

IT IS ORDERED, PURSUANT TO THE COURT'S OWN MOTION, THAT EFFECTIVE WITH THE FILING OF THE COMPLAINT, FOR THE PLAINTIFF AND SERVICE OF PROCESS ON THE DEFENDANT, THAT EACH SPOUSE IS ENJOINED FROM COMMITTING ANY OF THE FOLLOWING ACTS:

1. Obstructing or interfering with the other spouse's parenting time or communication with the minor child(ren), or concealing the whereabouts of the minor child(ren) from the other spouse, except where a Protection Order has been issued.
2. Removing the minor children of the parties from Ohio except for holidays or vacations (not to exceed ten days).
3. Claiming the children as dependents on any income tax return without prior Court Order.
4. Disparaging, denigrating, or otherwise speaking ill of the other spouse to or in the presence of hearing of the minor child(ren).
5. Selling, removing, transferring, encumbering, pledging, damaging, hiding, concealing, assigning, or disposing of any and all property, real or personal, owned by both spouses, or either spouse, or a child, including household goods, vehicles, and the personal property of each, without the prior written consent of the other spouse or the Court.
6. Voluntarily changing the terms or beneficiary of, terminating coverage of, cashing in, borrowing against, encumbering, transferring, cancelling, or failing to renew any type of insurance, including health, automobile, life, disability, home, or fire insurance that provides coverage for a spouse or child(ren) of the parties.

7. Voluntarily liquidating, encumbering, borrowing against, cashing in, changing the beneficiary, terms or conditions of any retirement or pension plan or program that provides any benefit to a spouse or child(ren) of the parties and/or of either or both spouses.
8. Withdrawing, spending, encumbering, or disposing of funds deposited in any financial institution, including but not limited to bank accounts, savings accounts, money markets, credit unions, pension plans, Thrift savings or stock plans, or Certificates of Deposit. Each party may access financial accounts to pay normal living expenses.
9. Removing from the marital residence tangible personal property other than a spouse's own clothing and personal effects or tools, equipment, books, and papers incidental to the conduct of his/her trade, business, or profession.
10. Incurring debt on existing lines of credit or credit cards in the name of the other spouse or in the spouses' joint names, unless by prior agreement of the spouses or Order of the Court.
11. Each party is granted exclusive use of the automobile customarily used by them during the marriage.

IT IS SO ORDERED.

JUDGE CYNTHIA MARTIN

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
GREENE COUNTY, OHIO**

Plaintiff/Petitioner 1	Case No.	
vs./and	Judge	MARTIN
Defendant/Petitioner 2/Respondent	Magistrate	

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

☐ Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to present	<input type="checkbox"/>			
to _____	<input type="checkbox"/>			
to _____	<input type="checkbox"/>			
to _____	<input type="checkbox"/>			

b. Child's name _____		Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

c. Child's name _____		Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. Participation in custody case(s): (Check only one box)

- ☐ I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.
- ☐ I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

Explain: _____

- a. Name of each child: _____
- b. Type of case: _____

- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

3. Information about custody case(s): (Check only one box)

- ☐ **I HAVE NO INFORMATION** of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.
- ☐ **I HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

Explain: _____

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

4. Information about criminal convictions:

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (Check only one box)

- ☐ **I DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody claims to have custody or visitation rights with respect to any child subject to this case.
- ☐ **I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to has/have custody or visitation rights with respect to any child subject to this case.

- a. Name/Address of Person: _____
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights
 Name of each child: _____
- b. Name/Address of Person: _____
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights
 Name of each child: _____
- c. Name/Address of Person: _____
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights
 Name of each child: _____

**IN THE COURT OF COMMON PLEAS OF GREENE COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS**

_____, PLAINTIFF	CASE NO. _____
vs./and	JUDGE MARTIN
_____, DEFENDANT	ORDER REQUIRING PARTIES TO ATTEND CO-PARENTING SEMINAR

THE COURT HEREBY ISSUES THE FOLLOWING ORDERS:

The Court finds that it is in the best interest of the children that both parties shall enroll in and complete the Co-Parenting/Divorce Class (2 hours) offered by OnlineParentingPrograms.com (hereinafter referred to as “OPP”) within thirty (30) calendar days from the date of this order.

Co-Parenting/Divorce offered by OPP is designed for the purpose of educating parties about the impact of divorce or separation on adults and children and the Co-Parenting / Divorce shall be consistent with the minimum standards set forth by Greene County Local Rules that are adopted pursuant to ORC 3109.04. Each party shall pay the required cost of the class directly to OPP. Discounted programs may be made available to qualified parents upon application to the Court and further Court review.

Proof of attendance via a Certificate of Completion will be issued separately to each party. Parties are **ORDERED** to provide their case number to OPP which is a requirement prior to submitting the Certificate of Completion per Greene County Domestic Relations Court. If a Case number is not available, each party shall submit his/her full name as will be used in the pleadings. Upon completion of the Program, each party shall submit to his/her counsel of record a signed copy of the completion certificate. Parties who register for Co-Parenting/Divorce Class via the OPP website shall maintain evidence of attendance and completion for a period of two (2) years from the date of registration.

OPP shall provide safeguards to ensure parties attendance and take appropriate safeguards to ensure the party attending the class is the one that registered while still respecting privacy. Visual identification is designed to eliminate fraudulent classes from being created and taken. It will verify the authenticity of party's participation and IS a requirement as part of successful class completion. Each party is **ORDERED** to enable the visual identification module upon registering and throughout the program.

Failure to complete the Co-Parenting/Divorce Class may result in a finding of contempt or other appropriate sanction. The Court may track attendance, participation and compliance with these orders through the OPP website.

IT IS SO ORDERED.

JUDGE CYNTHIA MARTIN

CHILD SUPPORT OBLIGEE INFORMATION FORM (06/17)

Case No. _____

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Social Security Number _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Mailing Address _____

City _____ State _____ Zip Code _____

CHILDREN INCLUDED IN THE ORDER

Child's Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Date Of Birth _____

Child's Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Date Of Birth _____

Child's Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Date Of Birth _____

Child's Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Date Of Birth _____

Employer Name: _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Health Insurance: Obligee _____ Obligor _____

Health Insurance Company: _____

Address: _____ City: _____ State: _____

Zip: _____ Policy Number: _____

Signature of Person Completing This Form

Date

ORIGINAL ONLY NEEDED

CHILD SUPPORT OBLIGOR INFORMATION FORM (06/17)

Case No. _____

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Social Security Number _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Employer _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

Closest Relative _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Health Insurance: Oblige _____ Obligor _____

Health Insurance Company: _____

Address: _____ City: _____ State: _____

Zip: _____ Policy Number: _____

Signature of Person Completing This Form

Date

ORIGINAL ONLY NEEDED



**GREENE COUNTY CLERK OF COURTS
ANDREW J. WILLIAMS, Clerk**

INSTRUCTIONS FOR SERVICE

TO: THE GREENE COUNTY CLERK OF COURTS

CASE NO. _____

YOU ARE INSTRUCTED TO MAKE SERVICE BY (select method):

☐ PERSONAL ☐ CERTIFIED MAIL ☐ REGULAR MAIL

☐ OTHER _____

UPON: DEFENDANT

NAME: _____

ADDRESS:

SPECIAL INSTRUCTIONS FOR SERVER: Please serve the above party with a copy of the: Complaint for Divorce, Affidavit of Financial Disclosure, Mutual Restraining Order, Parenting Proceeding Affidavit, and "Families Succeeding After Divorce" Seminar Order.

Attorney/Pro Se: _____

(Sign here)

Greene County Courthouse
45 North Detroit Street, Xenia Ohio 45385
(937) 562-5290, fax (937) 562-5309

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT**

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, _____, requests Child Support Services from the _____ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. *(See attached right and responsibility information).*

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. Location of Absent Parents.
The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "Location Services Only", if the sole need is to find the whereabouts of the absent parent.
- 2. Establishment or Modification of Child Support and Medical Support.
The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity (*fatherhood*). The CSEA can also assist you in changing the amount of support orders (*modification*), and to establish a medical support order.
- 3. Enforcement of Existing Orders.
The CSEA can help you collect current and back child support.
- 4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.
The agency can assist in collecting back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on some cases.
- 5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.
The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.
- 6. Establishment of Paternity.
The agency can obtain an order for the establishment of paternity (*fatherhood*), if you were not married to the father of the child. An absent parent may request paternity services.
- 7. Collection and Disbursement of Payments.
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.
- 8. Interstate Collection of Child Support.
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.
- C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (<i>Check One</i>) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

Type(s) of Service(s) Requested: All services listed _____ Location of absent parent only _____

Other (*please explain*) _____

I understand that the Child Support Agency – within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support service (IV-D Services).

Signature of Applicant	Date
------------------------	------

Applicants Name <i>(Last, First, Middle)</i>	Telephone Number <i>(Home)</i>
Address <i>(Street/Route, P.O. Box)</i>	<i>(Work)</i>
City, State, and Zip Code	

INFORMATION ON CHILDREN

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support (Yes or No)				

ABSENT PARENT INFORMATION OR PARENT TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address-City, State, Zip Code			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered-(Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued (City, County, State)			
Military Service -- Give Date & Branch Entered			
Arrest Record: Give Date & Place of Arrest			
If the absent parent has been on the Public Assistance: Give Date & Place			
Give Name and Address of Current Spouse of Absent Parent			

Have you ever been on public assistance?

☐ Yes ☐ No

When _____
Date

Where _____
City and State

_____ County

(Do Not Write In this Space)		FOR AGENCY USE ONLY	
Case Name		Date Requested	Date Mailed or Provided
Case Number		Date Returned or File Date	

**PROPER DRESS
REQUIRED TO ENTER
COURTROOM.
NO MUSCLE SHIRTS, TANK
TOPS, SHORTS,
OR CUT-OFFS.**

**ANY CLOTHING OF THIS
TYPE IS NOT PERMITTED**

****Court Personnel has discretion to decide if
you are dressed appropriately**